PTO/SB/05 (4/98)

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## UTILITY **PATENT APPLICATION TRANSMITTAL**

MIRUS.003.06.1 Attorney Docket No. First Inventor or Application Identifier Wolff A Process of Making a Compound By Forming a Polymer from a Template Drug

53/h) Express Mail Label No.

FT800813253LIS

City for the Wholip Ovision at applications driver 57 C.F.N. § 1.00(b), 2.4-0-0										
	PPLICATION ELEMENTS apter 600 concerning utility patent application contents.	Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application  Washington, DC, 20231								
1. X * FG (Su (Su (Su (pre - Du (pre	pee Transmittal Form (e.g., PTO/SB/17)  Internit an original and a duplicate for fee processing)  pecification [Total Pages] 56]  pecification [Total Pages] 75]  pecification [Total Pages] 7	Statement (IDS)/PTO-1449  12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  13. X Small Entity X Small Entity X Statement filed in prior application, (if foreign prior itp) is claimed)  15. Other:  Washington. DC. 20231  5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy  b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  7. Assignment Papers (cover sheet & document(s)) 8. Your Answer Accompanying identity of above copies  ACCOMPANYING APPLICATION PARTS  7. Assignment Papers (cover sheet & document(s))  8. Your Accompanying identity of above copies Accompanying identity of above copies  10. Statement (IDS)/PTO-1449  Copies of IDS Citations  11. Preliminary Amendment  12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  13. X Small Entity X Statement filed in prior application, Status still proper and desired  14. Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. Other:  16. Other:  17. Assignment Papers  18. Copies of IDS Citations  19. Citations  19. Statement filed in prior application, Status still proper and desired  19. Other:  19.								
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)										
Name Mark K. Johnson										
Address	PO Box 510644									
City	New Berlin State	WI Zip Code 53151-0644								
Country	US Telephone	262 821-5690   Fax   262 821-5645								
Name (Print/Type) Mark K Johnson Registration No. (Attorney/Agent) 35,909  Signature Date										

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Compl te if Known

**FEE TRANSMITTAL** 

		Application Number			ber			
for FY 2001		Filing Date				_		
Patent fees are subject to annual revision.		First	First Named Inventor		entor	Jon A. Wolff		
Small Entity payments <u>must</u> be supported by a small entity st otherwise large entity fees must be paid. See Forms PTO/S		Examiner Name			James Ketter			
See 37 C.F.R. §§ 1.27 and 1.28.	5/09-12.	-						
TOTAL AMOUNT OF PAYMENT (\$) 370.00		Group / Art Unit				1636		
TOTAL AMOUNT OF PAYMENT (\$) 370.00		Attorney Docket No.			No.	MIRUS.003.06.1		
METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge	3. /	3. ADDITIONAL FEES						
Deposit Deposit	Lar Fee		Fee	ell Entity Fee le (\$)	у	Fee Description	Fee Paid	
Account Number	105		205	65	Surcha	arge - late filing fee or oath		
Deposit Account	127	7 50	227	25	Surcha cover	arge - late provisional filing fee or sheet.		
Name	139	130	139	130	Non-E	nglish specification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For fili	ng a request for reexamination		
	112	920*	112	920*		sting publication of SIR prior to ner action		
2. X Payment Enclosed:  Check Order Credit Card	113	3 1,840	113	1,840*	Reque	sting publication of SIR after ner action		
FEE CALCULATION	115	110	215	55	Extens	ion for reply within first month		
1. BASIC FILING FEE	116	380	216	190	Extens	ion for reply within second month		
1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extens	ion for reply within third month		
Fee Fee Fee Fee Description	118	1,360	218	680	Extens	ion for reply within fourth month		
101 760 201 200 Hillip Sline for	128	1,850	228	925	Extens	ion for reply within fifth month		
106 310 206 155 Design filing fee	119	300	219	150	Notice	of Appeal		
107 480 207 240 Plant filing fee	120	300	220	150	Filing a	a brief in support of an appeal		
108 760 208 380 Reissue filing fee	121	260	221	130	Reque	st for oral hearing		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petitio	n to institute a public use proceeding		
	140	110	240	55	Petitio	n to revive - unavoidable		
SUBTOTAL (1) (\$) 370.00	141	1,210	241	605	Petitio	n to revive - unintentional		
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility i	ssue fee (or reissue)		
Fee from Extra Claims below Fee Pa	id 143	430	243	215	Design	issue fee		
Total Claims20** = X =	144	580	244	290	Plant is	ssue fee		
Independent - 3** = X =	122	130	122	130	Petition	ns to the Commissioner		
Multiple Dependent =	123	50	123	50	Petition	ns related to provisional applications		
**or number previously paid, if greater; For Reissues, see belo	w 126	240	126	240	Submi	ssion of Information Disclosure Stmt		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40		ling each patent assignment per ty (times number of properties)		
103 18 203 9 Claims in excess of 20	146	760	246	380	Filing a	a submission after final rejection R § 1.129(a))		
102 78 202 39 Independent claims in excess of 3	149	760	249	380	•	ch additional invention to be	<del></del>	
104 260 204 130 Multiple dependent claim, if not pai	d					ned (37 CFR § 1.129(b))		
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	Other fee (specify)						
SUBTOTAL (2) (\$)	Red	uced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						

Name (Print/Type) Mark K Johnson Registration No. (Attorney/Agent) 35,909 Telephone (262) 821-5690
Signature Date December 4, 2001

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Complete (if applicable)